EDITORIAL

WJM Welcomes Idaho

IT IS JUST a year since CALIFORNIA MEDICINE entered its chrysalis and emerged transformed into THE WESTERN JOURNAL OF MEDICINE. Long the voice of medicine in California, it aspired to become the voice of medicine in the West. The first issue of WJM in January 1974 noted that "The vitality and achievements in science, education and practice which are the hallmarks of medicine in the western United States now need a stronger presence in the medical literature which records and shares advances and progress with the medical community in the nation and indeed the world. THE WESTERN JOURNAL OF MEDICINE hopes to give medicine in the West this presence and this recognition." Physicians in the western states were asked to help in creating a truly regional journal.

The response has been gratifying. Respected physicians from throughout the West now serve as active members of the Editorial Board. Increasing numbers of articles of a high order of excellence and scholarship are being received from all parts of the region. And, to the publisher's satisfaction, perhaps even relief, the circulation figures for the western states have grown substantially.

This month another significant step is taken toward the JOURNAL's goal. A resolution adopted last July by the House of Delegates of the Idaho Medical Association declared THE WESTERN JOURNAL OF MEDICINE, effective January 1, 1975, to be the official journal of the Idaho Medical Association. Starting with this issue, each member of the Idaho Medical Association henceforth will receive the JOURNAL as one of the benefits of membership.

We welcome the physicians of Idaho, and we look forward to a long and productive association which should be of great benefit to all concerned.

—MSMW

Oral Contraceptive Agents

APPROXIMATELY 20 MILLION WOMEN throughout the world are now using hormonal contraception. Despite the effectiveness of birth control pills and their obvious value as a means of limiting population growth, their use in many countries is severely limited. In these areas physician resistance plays a part in nonacceptance.[1,2] In the United States there also are physicians who discourage women from using hormonal contraceptives. Too often their attitudes are based on individual experience with pill side effects without the perspective that collective experience brings. In this issue of the JOURNAL, the symposium on complications of oral contraceptive agents performs a useful service by bringing together the best information available on the risks of oral contraception. Table 11 in the symposium, reprinted from an article by Goldzieher, places the discussion in perspective by emphasizing the lethal risks of pregnancy. The almost total effectiveness of the pill in preventing conception eliminates that threat. As to the risks of the drugs themselves, the symposium points out that there is no evidence connecting birth control pills with cancer of the breast, cervix or uterus. Despite assurances in this regard, there is still real concern over the metabolic effects of the drugs. The long-term consequences, if any, of changes in glucose tolerance and cholesterol and triglyceride levels are unknown.

On a very practical level the physician has only limited guidance in determining which women are not candidates for oral contraception. The symposium suggests that, among others, women with factors predisposing to thromboembolism should not be given oral contraceptives. They include women with congestive heart failure, a history of thrombophlebitis or embolism, significant edema, obesity or varicose veins. Excluding women in the latter two categories from the benefits of oral con-